

# HAIR *of the* DOG

## Hot DOG Daycare Enrollment Form

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Hot Dog Daycare? \_\_\_\_\_

### Pet History

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Breed (or if mixed, main breed): \_\_\_\_\_

Where did you get your dog: BREEDER PET STORE FRIEND SHELTER OTHER \_\_\_\_\_

When did you get your dog? \_\_\_\_\_ How old was he/she at the time? \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered (circle one) Approx. Weight: \_\_\_\_\_

What type (and brand) of food do you feed your dog? \_\_\_\_\_

What is your main reason for choosing daycare for your dog? \_\_\_\_\_

Please check all boxes that best describe your dog's temperament:  Laid Back  Playful  Excitable  Shy  
 Dominant  Aggressive  Other: \_\_\_\_\_

Has your dog ever bitten another animal or person?  Yes  No If yes, please describe the situation: \_\_\_\_\_

When alone, does your dog tend to:  Chew  Dig  Bark  Cry/Howl  Destroy Things  Other: \_\_\_\_\_  
 None of the above, my dog is perfect!

Has your dog previously attended doggy daycare?  Yes  No If yes, where? \_\_\_\_\_

Does your dog have any sensitive areas on his or her body?  Yes  No If yes, where? \_\_\_\_\_

Has your dog ever growled at a person?  Yes  No Is your dog toy aggressive with other dogs?  Yes  No

Is your dog food aggressive with other dogs?  Yes  No

Has your dog ever climbed or jumped a fence?  Yes  No If yes, how high was it? \_\_\_\_\_

Does your dog fear or dislike any specific types of people or other dogs?  Yes  No If yes, please explain: \_\_\_\_\_

*Turn over form*

**Medical History**

Veterinarian Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Any allergies? \_\_\_\_\_

Is your dog on heartworm preventative? \_\_\_\_\_ Is your dog on flea/tick control? \_\_\_\_\_

Is your dog on any medications (besides heartworm preventative and flea/tick control)? Yes No If yes, please list:

*Medication:*

*Dosage:*

*Why it is prescribed:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are there any previous injuries, medical issues, surgeries or medical conditions that staff should be aware of?

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Any person(s) besides yourself that has permission to pick-up your dog: \_\_\_\_\_

\_\_\_\_\_

*This enrollment form is correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing Hot Dog Daycare!  
We are so excited to have your best friend come play with us!